



The Commonwealth of Massachusetts  
Department of Agricultural Resources

251 Causeway Street, Suite 500  
Boston, MA 02114-2151

<http://www.mass.gov/agr/pesticides>



## APPLICATION FOR MASSACHUSETTS PESTICIDE CREDIT/CONTACT HOUR

You must complete all sections with supporting rationale

AND

You must attach program agenda, resumes, or speaker biographies etc (if available)

### TRAINING SPONSOR OR ASSOCIATION CONTACT INFORMATION

NAME OF ASSOCIATION OR ORGANIZATION PROVIDING/SPONSORING TRAINING:

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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### APPLICANT INFORMATION IN ORDER TO CONTACT YOU (if necessary) AND MAIL BACK THE "CERTIFICATE OF APPROVAL" TO THE PROPER ADDRESS

NAME

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

**TRAINING SESSION OR PROGRAM INFORMATION**

Title of Training: \_\_\_\_\_

Date(s) of Training \_\_\_\_\_

Name and Address of where the training will be held:

\_\_\_\_\_  
\_\_\_\_\_The number of "Contact Hours" (**50 consecutive minutes=1 credit or hour**) requested is: \_\_\_\_\_

The Training is applicable to License Type checked below:

____ Applicator (Core) License	____ Dealer License
____ Private Certification	____ Commercial Certification

The Applicable Category Code(s) are: \_\_\_\_\_

(See page 7 for Massachusetts's certification/license codes key)

The applicable training method being given is checked below:

\_\_\_\_ Workshops, lectures, seminars

\_\_\_\_ Self-Study or Correspondence Course

(Note: Attach pertinent information such as brochures, certificates, and completed test work)

\_\_\_\_ Academic Course (Note: Attach copy of transcript(s))

\_\_\_\_ Teaching or Publication

(Note: Attach copy of syllabus/paper/any other relevant material to verify your participation)

\_\_\_\_ Other (explain on separate sheets of paper)

**CONTENT OR SUBJECT MATTER OF THE TRAINING IS RELATED TO:**

Check one or more of the following that apply

- \_\_\_\_ Applicable State and Federal Laws and Regulations
- \_\_\_\_ Endangered Species
- \_\_\_\_ Groundwater Protection
- \_\_\_\_ Pesticide Impact on Human Health
- \_\_\_\_ Acute and Chronic Toxicity
- \_\_\_\_ Safety
- \_\_\_\_ Pesticide Label and Labeling Comprehension
- \_\_\_\_ Application Techniques
- \_\_\_\_ Calibration
- \_\_\_\_ Personal Protective Equipment
- \_\_\_\_ Non-chemical Alternatives
- \_\_\_\_ Biological Control
- \_\_\_\_ Integrated Pest Management (IPM)
- \_\_\_\_ Other (attach brief explanation)

**OBJECTIVE (S) OF TRAINING:**

**Learner Objective(s):** Describe 1 or 2 outcomes of what the applicator will learn from the training. NOTE: The outcomes or learner objective(s) should be measurable in that the learner/applicator will perform a defined task, i.e., they may read a label, calibrate equipment, calculate rate of application, and perform an exercise to help them memorize regulations etc..... **In other words, what will the person who attends the training learn? What does the person who attends take home or takes back into the field.**

**NOTE: THIS SECTION MUST BE COMPLETED (Noting “see attachments” WILL NOT SUFFICE)**

**TRAINING CONTENT:**

**Content:** Provide a brief description or explain what training material will be covered and indicate how this material will enable the person who attends to achieve the objective above. *Note: Content must be different from objective(s).* The content indicates what is taught to enable the learner to achieve the objective(s).

**NOTE: THIS SECTION MUST BE COMPLETED (SEE ATTACHMENTS WILL NOT SUFFICE)**

## PESTICIDE TRAINING: TEACHING METHODS

**Teaching Methods:** List the actual methods of training e.g. lecture, slides, video, worksheet, role-playing, discussion, hands on exercise etc. **Note:** *Learning principles and teaching methods should be appropriate to achieve the objective(s) of the program. Principles of adult education should be used in the design of your educational program. Practical and hands-on training is strongly recommended.*

**NOTE: THIS SECTION MUST BE COMPLETED (SEE ATTACHMENTS WILL NOT SUFFICE)**

## EVALUATION OF TRAINING: ATTACH THE FORM YOU WILL USE (SEE SAMPLES BELOW)

Evaluation: Provision must be made for evaluating the participant's attainment of the stated learner objectives/outcomes. Participants must be given the opportunity to evaluate faculty, learning experiences instructional methods, facilities and educational resources used for the offerings/programs.

Please attach a copy of the evaluation form you will use for your training program. A sample evaluation is attached for your convenience to give you a picture of what is required. You can create your own form that meets your training needs and objectives. Training programs cannot be approved without a copy of the evaluation form that you will be using at your training program.

**Note:** After the training program takes place, you are not required to submit these forms to this agency! The evaluation forms are a feedback tool for you. This feedback should help you in the planning stage of future training programs and enhance the quality of your training program.

## **SAMPLE EVALUATION FORM #1**

**TRAINING TITLE** \_\_\_\_\_ **Date** \_\_\_\_\_

Listed below are items to be included in your evaluation. **Circle one answer for each statement.**

- |   |           |              |                |
|---|-----------|--------------|----------------|
| 1. In the beginning of this training program, the instructor stated what would be covered.  | Agree     | Disagree     |                |
| 2. This training program covered what the instructor stated it would cover.   | Agree     | Disagree     |                |
| 3. Classroom presentation time was long enough to discuss all course topics.  | Agree     | Disagree     |                |
| 4. Enough time was provided to practice skills and techniques.  | Agree     | Disagree     |                |
| 5. The training presentation was easy to follow.  | Agree     | Disagree     |                |
| 6. The safer way of using technical skills/equipment/pesticides was demonstrated  | Agree     | Disagree     |                |
| 7. The tests/quizzes given during this training program covered the training topics.  | Agree     | Disagree     |                |
| 8. The mix of classroom instruction and hands-on practice made the course interesting.  | Agree     | Disagree     |                |
| 9. The handout material(s) were organized and easy to read.   | Agree     | Disagree     |                |
| 10. The handout material(s) will be useful as an on-the-job reference.  | Agree     | Disagree     |                |
| 11. The audio-visual program(s) helped me to understand the training program topics.  | Agree     | Disagree     |                |
| 12. The audio-visual program(s) were clearly seen and/or heard.   | Agree     | Disagree     |                |
| 13. The training program training aids functioned (displays, samples, microscopes etc.)   | Agree     | Disagree     |                |
| 14. The condition of the facility was acceptable and comfortable for training. (Seating, lighting, room size, noise, heat, A/C, bathroom facilities etc.) | Agree     | Disagree     |                |
| 15. The training presentation/course helped me to develop new skills.   | Agree     | Disagree     |                |
| 16. Overall, how would you rate this course?  | Excellent | Satisfactory | Unsatisfactory |

## **SAMPLE EVALUATION FORM #2**

Listed below are items to be included in your evaluation.

I. OBJECTIVE (S)	Met	Partially Met	Not Met
According to the objective(s) stated	1	2	3
II. CONTENT	Agree	Undecided	Disagree
Related to stated objective	1	2	3
Well organized	1	2	3
Met my personal training needs	1	2	3

### **Applicator Comments:**

III. TEACHING METHOD	Agree	Undecided	Disagree
Effective Teaching Method	1	2	3

IV. TRAINER/PRESENTER	Good	Fair	Poor
Presentation Style	1	2	3
Knowledge of Subject	1	2	3

V. PHYSICAL FACILITIES	Good	Fair	Poor
Conducive to learning	1	2	3

### **VI. COMMENTS**

### **VII. RECOMMENDATIONS FOR FUTURE TRAINING**

**Massachusetts Pesticide Credential Codes Key**

Commercial Certification		Private Certification		Dealer Code	Applicator/Core Code
Category	Code	Category	Code	D-000	L-000
Aerial Application	34	Dairy/Livestock	24		
Custom Ag Plants & Animals	33	Tree Fruit	25		
Aquatic Weed Control	39	Greenhouse	26		
Demonstration And Research	49	Small Fruit	27		
Food Processing	50	Poultry	28		
Forest Pest Control	35	Nursery	29		
Fumigation	42	Cranberries	30		
General Pest Control (Note: Category 41 <u>includes</u> rats and mice)	41	Vegetables	31		
General Public Health	46	Sod	32		
Mosquito and Biting Fly	47				
Regulatory	48				
Rights-of-Way	40				
Seed Treatment	38				
Shade Tree and Ornamentals	36				
Site Sanitation	45				
Tributyltin (TBT)	54				
Termite	43				
Turf	37				
Vertebrate Pest Control (Note: Category 44 <u>excludes</u> rats and mice and primarily is applicable to bird management)	44				
Wood Preservative	52				
Meta-Sodium (Sewer Line Root Control)	55				